

<i>SERFF Tracking Number:</i>	<i>ARGN-125465794</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Argonaut Great Central Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ND08F-007</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Terrorism Disclosure Form</i>		
<i>Project Name/Number:</i>	<i>Terrorism Disclosure Form/ND08F-007</i>		

## Filing at a Glance

Company: Argonaut Great Central Insurance Company

Product Name: Terrorism Disclosure Form      SERFF Tr Num: ARGN-125465794      State: Arkansas

TOI: 01.0 Property      SERFF Status: Closed      State Tr Num: EFT \$50

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)      Co Tr Num: ND08F-007      State Status: Fees verified and received

Filing Type: Form      Co Status:      Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Nila Davis

Date Submitted: 02/07/2008

Disposition Date: 02/20/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 02/20/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 02/20/2008

State Filing Description:

## General Information

Project Name: Terrorism Disclosure Form

Project Number: ND08F-007

Status of Filing in Domicile: Pending

Domicile Status Comments: Illinois is our state of domicile.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/20/2008

State Status Changed: 02/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing the Applicant Disclosure Notice/Rejection Of Terrorism Insurance Coverage form in response to the Terrorism Risk Insurance Program Reauthorization Act of 2007. It is to be used in conjunction with all BOP, Package and Commercial Umbrella policies.

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## Company and Contact

### Filing Contact Information

Nila Davis, Senior Regulatory Analyst	ndavis@argonautgroup.com
3625 N. Sheridan Road	(877) 769-5953 [Phone]
Peoria, IL 61633	(309) 688-4780[FAX]

### Filing Company Information

Argonaut Great Central Insurance Company	CoCode: 19860	State of Domicile: Illinois
3625 N. Sheridan Road	Group Code: 457	Company Type: Commercial LInes
Peoria, IL 61633	Group Name:	State ID Number:
(877) 769-5953 ext. [Phone]	FEIN Number: 37-0301640	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	flat fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Argonaut Great Central Insurance Company	\$50.00	02/07/2008	17869714

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	02/20/2008	02/20/2008

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## Disposition

Disposition Date: 02/20/2008

Effective Date (New): 02/20/2008

Effective Date (Renewal): 02/20/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ARGN-125465794	State:	Arkansas
Filing Company:	Argonaut Great Central Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	ND08F-007		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Terrorism Disclosure Form		
Project Name/Number:	Terrorism Disclosure Form/ND08F-007		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Applicant Disclosure Notice/Rejection Of Terrorism Insurance Coverage	Approved	Yes

SERFF Tracking Number:      ARGN-125465794      State:      Arkansas

Filing Company:      Argonaut Great Central Insurance Company      State Tracking Number:      EFT \$50

Company Tracking Number:      ND08F-007

TOI:      01.0 Property      Sub-TOI:      01.0001 Commercial Property (Fire and Allied Lines)

Product Name:      Terrorism Disclosure Form

Project Name/Number:      Terrorism Disclosure Form/ND08F-007

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Applicant Disclosure Notice/Rejection Of Terrorism Insurance Coverage	NP-016	2-08	Disclosure/ New Notice		0.00	TRIA APPLICANT DISCLOSUR E.pdf



**APPLICANT DISCLOSURE  
NOTICE / REJECTION OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, you have a right to purchase insurance coverage for losses arising out of "certified acts of terrorism", *as defined in Section 102(1) of the Act*. The term "certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following: The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Coverage under your existing policy may be affected as follows:

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THE POLICY OR POLICIES ISSUED BY THIS COMPANY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. HOWEVER, IF AGGREGATE INSURED LOSSES ATTRIBUTABLE TO TERRORIST ACTS CERTIFIED UNDER THE TERRORISM RISK INSURANCE ACT EXCEED \$100 BILLION IN A PROGRAM YEAR (JANUARY 1 THROUGH DECEMBER 31), THE TREASURY SHALL NOT MAKE ANY PAYMENT FOR ANY PORTION OF THE AMOUNT OF SUCH LOSSES THAT EXCEEDS \$100 BILLION.

THE PREMIUM CHARGED FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

**CAP ON INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

## **REJECTION OF TERRORISM INSURANCE COVERAGE**

YOUR POLICY OR POLICIES WILL CONTAIN AN APPROPRIATE ADDITIONAL CHARGE OR COVERAGE FOR ACTS OF TERRORISM, AS *DEFINED IN THE ACT*. THE FOLLOWING SCHEDULE REFLECTS THESE ADDITIONAL CHARGES BY POLICY.

<b><u>Type of Policy</u></b>	<b><u>Additional Charge</u></b>
Package or Businessowners (including Umbrella, if any)	Up to 7.0% (based upon policy / coverage written premium)

THIS COVERAGE WILL BE AUTOMATICALLY APPLIED TO YOUR POLICY OR POLICIES FOR THE APPROPRIATE ADDITIONAL CHARGE SHOWN UNLESS YOU ELECT TO REJECT THIS COVERAGE BY SUBMITTING THIS COMPLETED AND SIGNED FORM WITH YOUR APPLICATION OR APPLICATIONS.

<b><u>Reject</u></b>	<b><u>Policy Type</u></b>
<input type="checkbox"/>	Package or BOP (including Umbrella, if any)

As indicated above, I hereby elect to have coverage for terrorist acts, *as defined by the Act*, excluded from the listed policy or policies. I understand that with this exclusion I will have no coverage for terrorist acts, *as defined by the Act*, effective the renewal date of the listed policy or policies. In return, the Company agrees not to apply the additional charge for this coverage to the policy or policies in which this coverage has been excluded.

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Applicant's Signature

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Print Name

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Date

Return to: Argonaut Great Central Insurance Company  
3625 N. Sheridan Road  
Peoria, IL 61633-0001



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## Rate Information

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	02/20/2008
<b>Comments:</b>				
<b>Attachment:</b>	AR Expedited Filing Trans.pdf			

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

**This page applies to the following state(s)** \_\_\_\_\_

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail

**Filing information**

<b>Line of Insurance</b> (see attachment)	
<b>Company Program Title</b> (Marketing title) (if applicable)	
<b>Filing Type</b> ** see note below	
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	
<b>Filing date</b>	
<b>Company Tracking Number</b>	
<b>Date filing approved in domiciliary state, if applicable</b>	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<b>Form # or Rate Page</b> <b>Include edition date</b>	<b>Replacement</b> <b>Or withdrawn?</b>	<b>If replacement,</b> <b>give form # or rate</b> <b>page(s) it replaces</b>	<b>Previous State</b> <b>Filing Number,</b> <b>if required</b> <b>by state</b>
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Title: